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To:

NAME:	FACSIMILE:	TELEPHONE:
MS AF U.S. Patent and Trademark Office	571-273-8300	571-272-0726

FROM: Debra J. Glaister
Senior Patent Agent

DATE: November 17, 2005

Number of pages with cover page:	29
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Preparer of this slip has confirmed that facsimile number given is correct: 7230/PME2

Comments:

Official Filing

Examiner: S. Chen
 Art Unit: 1632
 U.S. Patent Application Serial No.: 09/457,931
 Filing Date: December 8, 1999
 Inventor: H. Ralph SNODGRASS
 Title: TOXICITY TYPING USING EMBRYOID BODIES
 Docket No.: 441472000100

Papers enclosed herewith:
 Transmittal - 1 page
 Fee Transmittal + duplicate copy for fee processing - 2 pages
 Supplemental Information Disclosure Statement - 3 pages
 Form PTO/SB/08a/b + copy - 2 pages
 Two (2) references - 20 pages

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/457,931
		Filing Date	December 8, 1999
		First Named Inventor	H. Ralph SNODGRASS
		Art Unit	1632
		Examiner Name	S. Chen
		Attorney Docket Number	441472000100
Total Number of Pages in This Submission	28		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing - 2 pages <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) - 3 pages <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below). Form PTO/SB/08a/b + copy - 2 pages Two (2) references - 20 pages Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP	(Customer No. 25226)	
Signature			
Printed name	Debra J. Glaister		
Date	November 17, 2005	Reg. No.	33,888

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PTO/58/17 (12-04v2)

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<p><small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<p style="text-align: right;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">09/457,931</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">December 8, 1999</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">H R SNODGRASS</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;">S. Chen</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">1632</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td style="padding: 2px;">441472000100</td> </tr> </table>		Application Number	09/457,931	Filing Date	December 8, 1999	First Named Inventor	H R SNODGRASS	Examiner Name	S. Chen	Art Unit	1632	Attorney Docket No.	441472000100			
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Filing Date	December 8, 1999																	
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Art Unit	1632																	
Attorney Docket No.	441472000100																	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																		
TOTAL AMOUNT OF PAYMENT (\$) 180.00																		
METHOD OF PAYMENT (check all that apply)																		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>03-1952</u> Deposit Account Name <u>Morrison & Foerster LLP</u>																		
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																		
FEE CALCULATION																		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																		
FILING FEES		SEARCH FEES		EXAMINATION FEES														
Application Type	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)												
Utility	300	150	500	250	200	100												
Design	200	100	100	50	130	65												
Plant	200	100	300	150	160	80												
Reissue	300	150	500	250	600	300												
Provisional	200	100	0	0	0	0												
2. EXCESS CLAIM FEES																		
Fee Description						Small Entity Fee (\$)												
Each claim over 20 (including Reissues)						50												
Each independent claim over 3 (including Reissues)						200												
Multiple dependent claims						160												
<table style="width: 100%;"> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> <th style="text-align: left;">Multiple Dependent Claims Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td>67</td> <td>0</td> <td>50</td> <td>0.00</td> <td>360</td> <td>0.00</td> </tr> </table>						Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)	67	0	50	0.00	360	0.00	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)													
67	0	50	0.00	360	0.00													
<table style="width: 100%;"> <tr> <th style="text-align: left;">Indep. Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td>3</td> <td>0</td> <td>200</td> <td>0.00</td> </tr> </table>						Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	3	0	200	0.00					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)															
3	0	200	0.00															
3. APPLICATION SIZE FEE																		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																		
<table style="width: 100%;"> <tr> <th style="text-align: left;">Total Sheets</th> <th style="text-align: left;">Extra Sheets</th> <th style="text-align: left;">Number of each additional 50 or fraction thereof</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td>100</td> <td>150</td> <td>(round up to a whole number)</td> <td></td> <td></td> </tr> </table>						Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	100	150	(round up to a whole number)					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)														
100	150	(round up to a whole number)																
4. OTHER FEE(S)																		
Non-English Specification. \$130 fee (no small entity discount)																		
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement						180.00												
SUBMITTED BY																		
Signature <u>[Handwritten Signature]</u>		Registration No. (Attorney/Agent) 33,888		Telephone (650) 813-5725														
Name (Print/Type) Debra J. Glaister				Date November 17, 2005														

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Patricia M. Ellison

(Patricia M. Ellison)

PATENT

Docket No. 441472000100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
H. Ralph SNODGRASS

Serial No.: 09/457,931

Filing Date: December 8, 1999

For: TOXICITY TYPING USING
EMBRYOID BODIES

Examiner: S. Chen

Group Art Unit: 1632

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicant submits for consideration in the above-identified application the document listed on the attached Form PTO/SB/08a/b. A copy of the document is also submitted herewith. The Examiner is requested to make this document of record.

The documents listed on the attached Form PTO/SB/08a/b were cited in an European Examination Report mailed on October 6, 2005, directed to a counterpart international or foreign application and have not been previously cited. A certification under 37 C.F.R. § 1.97(e)(1) follows:

I hereby certify that each item of information was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Supplemental Information Disclosure Statement.

pa-1023878

1

Application Serial No. 09/457,931

PATENT
Docket No. 441472000100

This Supplemental Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
 - ☐ A fee is required. A check in the amount of ___ is enclosed.
 - ☐ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly, no fee is believed to be due.
- ☒ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of ___ is enclosed.
 - ☒ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicant would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist;

Application Serial No. 09/457,931

PATENT

Docket No. 441472000100

(iii) the information, protocols, results and the like reported by third parties are accurate or enabling;
or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicant petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 441472000100.

Dated: November 17, 2005

Respectfully submitted,

By 
Debra J. Glaister

Registration No.: 33,888
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018
(650) 813-5725

ALTERNATIVE TO PTO/SB/08a/b (07-05)

Substitute for form 1449/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Application Number	09/457,931
		Filing Date	December 8, 1999
		First Named Inventor	H. R. SNODGRASS
		Art Unit	1632
		Examiner Name	S. Chen
Sheet	1	of	1
		Attorney Docket Number	441472000100

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ -Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T ²
	1.	European Examination Report mailed on October 6, 2005 for EP Application No. 99963069.2 filed on December 9, 1999, 8 pages.	
	2.	Wobus, A.M. et al (1994). "In Vitro Differentiation of Embryonic Stem Cells into Cardiomyocytes or Skeletal Muscle Cells is Specifically Modulated by Retinoic Acid," <i>Roux's Arch. Dev. Biol.</i> 204(1):36-45.	

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Substitute for form 1449/PTO			Complete if Known	
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Application Number		09/457,931		
Filing Date		December 8, 1999		
First Named Inventor		H. R. SNODGRASS		
Art Unit		1632		
Examiner Name		S. Chen		
Attorney Docket Number		441472000100		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				
Sheet	1	of	1	

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Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS						
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Examiner Signature		Date Considered	
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		Filing Date	December 8, 1999				
		First Named Inventor	H. R. SNODGRASS				
		Examiner Name	S. Chen				
		Art Unit	1632				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	441472000100				
TOTAL AMOUNT OF PAYMENT (\$) 180.00							
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description				Fee (\$)		Small Entity Fee (\$)	
Each claim over 20 (including Reissues)				50		25	
Each independent claim over 3 (including Reissues)				200		100	
Multiple dependent claims				360		180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)				Multiple Dependent Claims			
67 0 50 0.00				Fee (\$) Fee Paid (\$) 360 0.00			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
3 0 200 0.00							
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 0 0 (round up to a whole number) 0 0.00							
4. OTHER FEE(S)				Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement				180.00			
SUBMITTED BY							
Signature		Registration No. (Attorney/Agent)		Telephone		Date	
Debra J. Glaister		33,888		(650) 813-5725		November 17, 2005	

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